

BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Application of)
)
St. Matthew's University School of Medicine)
Grand Cayman, British West Indies)
_____)

DECISION AND ORDER OF DISAPPROVAL

The attached report and recommendations of the site team that conducted the inspection of St. Matthew's University School of Medicine in May and June 2004 are hereby accepted and adopted by the Division of Licensing of the Medical Board of California, Department of Consumer Affairs, State of California. The Division determined that St. Matthew's University School of Medicine does not provide a medical education equivalent to that required in Sections 2089 and 2089.5 of the California Business and Professions Code and Title 16, California Code of Regulations Section 1314.1. Consequently, St. Matthew's University School of Medicine is disapproved under the provisions of Sections 2084, 2102 and 2135 of the California Business and Professions Code.

IT IS SO ORDERED this eighteenth day of February 2005.

MEDICAL BOARD OF CALIFORNIA

James A. Bolton, Ph.D., President
Division of Licensing

December 15, 2004

To: Division of Licensing
Medical Board of California

From: The Site Team

Harold J. Simon, M.D., Ph.D., Consultant
Richard Fantozzi, M.D., Member
Joyce Hadnot, Deputy Director
Anita Scuri, Legal Advisor
Martin Pops, M.D. (Chicago Site Visit)

Subject: Report on Site Visits to St. Matthew's University School of
Medicine, Its Branch Campus in Windham, Maine, and
Teaching Hospitals Offering Clerkships to Its Students

Introduction

A survey of the St. Matthew's University School of Medicine ("SMUSOM") campus in Windham, Maine was conducted on May 11 and 12, 2004 by a team representing the Division of Licensing of the Medical Board of California ("Division"). A team also visited four teaching hospitals offering clerkships to SMUSOM students on May 24-25, 2004 in Chicago, Illinois. Thereafter, the site team conducted a survey of the principal campus on Grand Cayman, British West Indies, on June 17 and 18, 2004.

The purpose of the site visits was to determine whether the school provides an educational program that is equivalent to the requirements of Business and Professions Code Sections 2089 and 2089.5 and meets the requirements of Title 16 Cal. Code Regs. sections 1314.1. The team members were Richard Fantozzi, M.D., division member, Joyce Hadnot, Deputy Director of the MBC, Anita Scuri, Legal Counsel from the Department of Consumer Affairs, and Harold Simon, M.D., licensing consultant. Martin Pops, M.D., Ms. Hadnot, and Ms. Scuri conducted the site visit to four teaching hospitals in the Chicago, Illinois

This report consists of three consolidated reports on the principal campus on Grand Cayman, the Windham, Maine branch campus, and four teaching hospitals in and near Chicago, Illinois that offer clerkships to SMUSOM students, together with a recommendation from the site team.

Part 1. Campus on Grand Cayman, British West Indies

The main purpose of this site visit was to review and evaluate the program at SMUSOM's main site on Grand Cayman Island (SMUCI). The evaluation was aimed at obtaining an overall perspective of SMUSOM. More specifically, the evaluation was intended to focus on the preclinical education of medical students in preparation for their clinical clerkships, on the physical facilities, on selection of and feedback from the hospitals utilized for clinical clerkships, on student life and support systems, on research, and on relations with local government

This portion of the report will address the following topics:

- Chronology and Rationale for Locating on Grand Cayman Island
- Ownership
- Administration
- Governance
- Faculty
- Admissions
- Students
- Pre-Clinical Curriculum
- Selection and Evaluation of Clerkship Sites
- Facilities on campus--Building, Classrooms, Laboratories, Residence hall
- Facilities off campus--Hospitals, Clinics, Physicians' Offices
- Library and Learning Resources
- Research
- Relations with Local Government

Chronology of the Request by SMUSOM for Recognition and Rationale for Locating on Grand Cayman Island

SMUSOM was conceived in **1996** and chartered in **1997**. The first class of medical students matriculated in September of that year on Ambergris Cay in Belize, Central America. SMUSOM submitted the first request for recognition by California in **July 1998**. A report covering the documentation submitted by SMUSOM and requesting additional information was submitted to the Division in **June 2000**. Hurricane Keith struck that location in **October 2000**, seriously damaging the facilities, necessitating a temporary relocation to the University of Central Florida, and obviating a possible site visit at that time.

In **August 2001**, the Division became aware of serious turmoil on the Belize campus resulting in the eventual loss of all facilities there.

Under new ownership, an essentially completely new central administration, and with a small cadre from Belize, a search for an alternate site eventually focused on the Cayman Islands whose economy was then at a low point. Further investigations identified a building then occupied by the local Cable and Wireless Company and available for leasing. It appeared ideal for serving SMUSOM's information technology needs. Cordial relations were established with the local government, the necessary permits obtained, a lease on the building signed, and SMUSOM relocated to Grand Cayman in **May 2002**.

The Division deemed the information then on hand obsolete. SMUSOM was asked to submit a new application, which reached the Division in **September 2002**. This set of documents was reviewed by the Division in **January 2003**. A decision to make site visits was rendered in **May 2003** to take place later that year. Changes in California's government delayed approval for site team travel until **May 2004**, when the first two of the three mandated site visits took place.

Ownership

SMUSOM is a proprietary, for-profit institution that derives all of its income from student tuition and fees. It is owned by 3 individuals - Michael Harris, M.D., President and CEO, Galen Swartzendruber, M.D., investor, and S. K. Asthana, M.D., all located in Niceville, FLA - who also comprise the Board of Directors.

Administration

The SMUSOM administration is headed by Michael Harris, M.D., President and CEO, who reports to the Board of Trustees (vide infra). Dr. Harris is directly responsible for strategic planning, relations with diverse governmental officials, and the overall budget and other fiscal matters. He is the ultimate authority but reports to the Board of Trustees (see **Governance**) on issues pertaining to academic matters, hiring and firing of faculty, salaries, publications, locating and acquiring sites to meet the requirements of the academic mission and accommodations for students, and authorizing issuance of diplomas.

Dr. Harris' base and OB/GYN practice are located in Niceville, Florida, near SMUSOM's head office in Oviedo, Florida. He heads the Board of Directors and divides his time between Florida and SMUCI with occasional visits to the Maine campus. .

Dr. Harris is an expert in matters of locating desirable real estate and its acquisition (See **Facilities**).

Dr. Harris is assisted by a Vice President, a Chief Financial Officer (CFO) and a large number of Deans. The Deans oversee the academic activities of their respective faculties, coordinate interactions—such as they are-- between them at SMUCI and the SMUM site in Maine, and formulate and propose budgets for presentation to the President,

Jerry Thornton, Ph.D., Vice President and Chief Operations Officer (COO) has been with SMUSOM since Belize days. He is in charge of operations at the head office in Florida, which includes admissions, financial aid, marketing and advertising. He has also been the principal contact between SMUSOM and the Division.

B. D. Owens, Ph.D., is Chief Financial Officer (CFO) and oversees the controller, financial matters and ancillary services, including student residences. He participates in the search for suitable real estate for acquisition by the institution.

The SMUSOM administration is enthusiastic, innovative, effective and responsive to the needs of a growing institution. It is also very effective in matters pertaining to real estate acquisitions and relations with governmental authorities.

Governance

Governance of SMUSOM is vested in the Board of Trustees, which may delegate authority. Delegation is primarily to the President or the COO who may re-delegate authority to Deans and other Administrative Officers. The Board of Trustees is composed of four members who have no financial ties to the institution and who serve without financial compensation other than reimbursement for travel expenses incurred in connection with its meetings. The Board meets four times yearly, including once at SMUCI. The current Board members are:

Elizabeth Armstrong, Ph.D., Associate Professor of Pediatrics, Harvard Medical School, Boston, Massachusetts;
Mark Stewart Calkins, M.D., Physician, Niceville, Florida;
Stephen P. Doheny, M.D., Physician, Niceville, Florida; and
James P. Richburg, Ed.D., President, Oskaloosa Community College, Niceville, Florida.

Responsibilities of the Board of Trustees are specified in its by-laws.

Faculty

The basic science faculty is comprised of individuals who, with very few exceptions, have been with SMUCI *for considerably less than two years*. In many cases, in fact, individual faculty members in responsible positions had only been on site *for a few weeks or months prior to this site visit*.

In Maine, faculty are employed on short-term contracts ranging from one to three years, renewable solely at the institution's pleasure. In Grand Cayman, continuing employment at SMUCI is also contingent on approval of visa extensions by the local government. A few faculty members have 5-year contracts, but most have one-year contracts due to government regulations. This policy partly reflects the administration's desire for change, as may be needed, and partly the limitations on visas for work in the Cayman Islands. Faculty indicated that some students are acting (and being paid) as teaching assistants. *There is no academic tenure*.

Students expressed their appreciation to the site visitors for the close and continuing interactions with the faculty who are said to be generally available. Students interviewed during the Chicago site visits uniformly expressed their opinion that the quality of the education they received in Maine was far superior to that which they received on Grand Cayman.

Admissions

Admissions requirements, criteria and procedures are spelled out in the catalogue. The completed application file must consist of the following:

- Completed application form
- Personal statement
- Three letters of recommendation
- Official academic transcripts
- TOEFL score of 550 or greater
- MCAT scores (if available but not required)
- \$75 non-refundable application fee
- Six current passport photos
- Request for financial support, if applicable
- Financial aid forms and backup (if applying for financial aid)
- Proof of health insurance coverage, application, or waiver

Students with foreign (non-U.S.) transcripts are required to present evaluations on a course-by-course basis from the World Evaluation Services or other credentialing authority.

A pre-admission undergraduate degree is preferred but not required. 90+ semester credit hours are considered sufficient to satisfy the pre-medical academic preparation requirements. A GPA of 3.0 or better is preferred *but significant numbers of students whose records fall below - and even much below - that level have been accepted.* An extended pathway exists at two other offshore sites for those deemed inadequately prepared for the study of medicine yet give promise of eventual success.

Students are required to be computer literate and to bring their own laptops to school.

Applications are submitted to the Oviedo, Florida, office. When completed, they are electronically scanned and immediately made available to the Admissions Office at SMUCI for review, screening and scoring by two members of the Admissions Committee who also rate the institutions at which applicants completed their previous studies. If the screeners are in accord, their decision is final. If in disagreement, they consult with each other in efforts to reach agreement. If agreement is still lacking, files are reviewed by the full Admissions Committee, which renders the final decision.

Students offered acceptance are so notified, interviewed in person or by phone, and provided with informational materials about SMUSOM's programs, requirements, location, living conditions, housing, required immigration documents and learning materials. They have two weeks to submit a non-refundable \$500 deposit, which is applied to the first year's tuition.

Discussions about the student's ability to finance his/her education are initiated. The overall cost approximates US\$200,000. The school has arranged for low cost loans up to the full amount, as may be needed. When questioned by a team member, students did not know the terms and conditions of their loans. The school should provide students with more information as to the nature and effects of the large long-term debt they will be accruing.

The applicant/acceptance ratio typically runs 3:2 (i.e., 40% are rejected at this stage). As a rule, 90% of those who meet the admission criteria will be accepted. Of these, some 50-60% will actually matriculate. *Note: This small ratio of applicants to acceptances suggests an insufficiently critical discriminatory admissions policy and consequent practices which*

may account - at least in part - for the apparently high attrition rate and the 19% figure for students in academic difficulties in the first year.

Prior to matriculation, and before issuing a visa, the Caymanian government requires documentary evidence from the civil authorities of a clean record covering the student's past 10 years' residences. (**Note:** *Some unresolved questions about specifics in this connection have been posed to the Caymanian Ministry of Education but the team has not received an answer.*)

Note: *SMUSOM literature states that **transfer students** are accepted up to the beginning of the 5th semester. Specific inquiries (in Maine) indicated that some transfers have been accepted up to and even into the 4th year although this practice is said to have been abandoned recently. Transfers in the last year of medical school are not acceptable under California law (Business and Professions Code 2089(a). Requirements for transfers are identical to those for entering 1st year students plus transcripts from their previous medical school(s). They must not have been dismissed for ethical or behavioral causes.*

Students

Enrollment has grown rapidly from the first class of 25 students in September 1997 in Belize to more than 300 currently at SMUCI and Maine and well above that number in the clinical years. Current total enrollment for the entire school is approximately 645 students.

Since the beginning, 263 students have graduated, 158 have withdrawn, and 29 have been dismissed. Of the graduates, 2 have completed residency training, 101 are in their residencies and the present status of 36 is unknown. 134 students are currently in clinical rotations in the U.S.

Among those listed as withdrawn, the present status of 101 is unknown.

The student body is composed mainly of Americans (approximately 85%), with a smattering of students from Canada, Caribbean and other countries. Many tried and failed to gain admission to U.S. medical schools; some did not apply to U.S. schools because they believed they could not compete effectively (grades, MCAT scores); and quite a few transferred in from other Caribbean medical schools (notably Ross, AUC and St. Lucia). A significant number chose the study of medicine after having had other successful careers (in professional sports, business, law and paramedical fields), or having earned advanced degrees in non-medical sciences and later decided on the study of medicine.

A wide range of student support services includes academic and personal counseling, financial aid, and arrangements for health care. Student housing is available in the Residence Hall, and a housing service helps to arrange off-campus accommodations. A local chapter of the American Medical Student Association is supplemented by several other student organizations and clubs which arrange educational, social and sporting activities. A nearby SMU-owned athletic field is available for soccer and other field events.

A system of student government works closely with the Administration.

By all indications, students are eminently satisfied with these arrangements and appreciative of SMUSOM's efforts on their behalf.

PreClinical Curriculum

The courses taught in the preclinical curriculum correspond to the constellation of those usually covered in the preclinical curriculum of U.S. medical schools. Specific comments regarding the supporting materials, examination policy and practices, as well as the imaginative approaches to the ICM and CP courses at both Maine and Grand Cayman, are included elsewhere in this consolidated report.

Selection and Evaluation of Clerkship Sites

Upon completion of the pre-clinical 5 semesters at SMUCI and in Maine, students leave the respective sites to embark on their core clinical clerkships in hospitals affiliated with SMUSOM in the District of Columbia and 11 States including Florida, New York, Illinois, Georgia and Maryland. In addition, 6 hospitals in the UK and 1 in Canada are utilized for core clerkships. Approximately 80% to 90% of clinical core rotations take place in the Chicago and Atlanta areas. Most U.S. hospitals used for core rotations are ACGME accredited. A list of criteria exists for determining eligibility of a potential site for clinical instruction.

Satisfactory completion of the USMLE Part 1 prior to commencing a clerkship is not required by all of these hospitals. Until January 1, 2004, the school assigned students to clinical rotations who had not taken or passed Step 1. Beginning January 1, 2004, the school will not assign a student to clinical rotations without formal notification that the student has passed Step 1.

Each hospital used for core rotations is supposed to have a formal affiliation agreement with SMUSOM and a director of medical education (DME) appointed to the SMUSOM clinical faculty to oversee clerkship

arrangements. *The site visit in Chicago indicated that some such affiliation agreements are in verbal form and others have been arranged with an individual physician and not with the institution itself.*

In the middle of the 5th semester, students receive an orientation session from the Dean for Clinical Sciences about the hospitals available for core clerkships. Recently, the Chair for Preclinical Studies brought an upper class student to assist in the orientation. *There is no formal arrangement for providing feedback from more senior students or graduates to 5th semester students concerning advantages or disadvantages of specific training sites (By the same token, there is no formal feedback system from graduates about their satisfaction level with the education received at and through SMUSOM. Nor is the tracking system of graduates anywhere nearly complete (see below). These omissions would seem particularly worrisome in such a new school with a minimal track record. An alumni organization might prove useful for these purposes.*

There are, however, web sites, chat rooms and contacts with upper class friends that may be accessed by individual students; and some pertinent information is logged in the files of the Dean for Clinical Sciences.

SMUSOM claims that each site used for core rotations was visited at least yearly by each chief of each department. The team was advised that the review process has been modified and that now one chief will conduct the site visits for all of the sites. Currently, that individual is an internist who has been with SMUSOM for approximately one year. Information gained at the site visit indicated that this individual's inspection might consist of *one to one and half hours at a particular site, including lunch, and might well cover several sites in one or two days. Most worrisome is the fact that an individual representing one clinical discipline might well review several core clerkships in a variety of clinical disciplines if conducted in the same institution.*

SMUSOM's clinical curriculum comprises 46 weeks of core clinical clerkships in the 3rd year and 30 weeks of selective and elective clerkships in the 4th year. The 3rd year core includes a total of 46 weeks, as follows::

- Internal Medicine 12 weeks
- Surgery 12 weeks
- Pediatrics 6 weeks
- Ob/Gyn 6 weeks
- Family Practice 4 weeks
- Psychiatry 6 weeks

The 4th year curriculum consists of a combination of 16 weeks from an approved list of selectives and 14 weeks of freely chosen elective clerkships each of which may run for 4, 6, or 8 weeks in duration.

Whereas the core clinical clerkship sites in the relatively small number of States in which they are carried on are selected and monitored by or under the aegis of the Dean for Clinical Sciences, the elective clerkships are located in 38 States, the UK, Canada and Ireland. Students find their own electives. The school gives them a list of locations previously utilized by SMUSOM students. Their selection is determined in accord with several factors, including *person-to-person interactions among physicians on the faculty with personal contacts/knowledge of such sites, and students' and/or their parents' requests for clerkships in the vicinity of their homes and/or potential practice locations, etc. This practice has resulted in some electives in non-teaching hospitals.*

Supervising faculty are required to submit performance and demeanor evaluations for every student's clinical experience.

Facilities

The entire campus is fiber optic wired and features a fully functional campus-wide computer system. A comprehensive wireless capability enables all students to obtain server-stored materials, go on the web, search journals and reference works, and communicate directly with faculty and other students.

The **principal base** for SMUCI consists of a 21,000 sq.ft. building containing administrative and faculty offices and three classrooms equipped for electronic data presentations and communications seating upwards of 120 students each.

This building also houses an anatomy/histology laboratory with several plastinated cadavers, anatomical models, microscopes, and slides which can be projected onto an overhead display.

Other facilities include a small microbiology laboratory in which some basic techniques are demonstrated; rudimentary physiology and pathology laboratories; a large room subdivided to serve the needs of the 4th and 5th semester ICM and Patient Care courses; some facilities equipped with data ports for student use; and some space for recreation. This building is leased from "Cable and Wireless", a local company which had installed extensive electronic capabilities for both hard-wired and wireless communications that eminently suited SMUCI's needs. The

lease has one year to run and may be renewed for an additional three years. Drs. Harris and Owens are actively pursuing a nearby location for purchase and use on a permanent basis.

Initially, only the two upper floors were used by SMUCI, which has lately taken over the entire building.

This building is air-conditioned and much used by students for their studies. It used to be open 24/7 but the hours have recently been reduced much to the students' regret. They have expressed hopes that the status quo ante will soon be restored.

The **Residence Hall** for students is owned by the SMUSOM corporation and was acquired under extremely favorable terms. It is a modern building located about a mile distant from the main campus along the highway connecting both sites. It can accommodate 82 persons in single and double occupancy rooms. Security arrangements include several strategically placed surveillance cameras and 24-hour watch personnel.

In addition to the dormitory there is a swimming pool with a good amount of deck space, chairs and umbrellas, and a fully equipped kitchen for student use.

(It may be noted in passing that the students expressed their delight in and admiration for the administration's seeing to the rapid development of excellent facilities and for the attention paid to their needs and requests).

The **clinical facilities** available to SMUCI consist of two hospitals, physicians' offices and clinics utilized for instruction of 4th and 5th semester students. With patients' permission, students spend 2 to 4 hours weekly shadowing physicians and observing procedures. These activities are integral with the ICM and Patient Care (Clinical Procedures) courses and are designed to prepare students for the clinical clerkships by introducing them to the nature and culture of medical practice, physician-patient interactions, medical ethics, and the nature of and interactions with the health care team.

Instruction at the clinical sites is coordinated by the Chair for Preclinical Studies, Dr. Gordon Green, a recently arrived pediatrician from Canada with extensive experience in pediatric emergencies, advanced training in public health, and a deep interest in recent developments in medical education. He is very well qualified for his critically important roles, personally participates in all clinical activities, and seems highly regarded by students and local medical personnel.

By all indications these instructional activities are well received by students and the voluntary teaching faculty who seem interested in and enthusiastic about their teaching roles.

The 128-bed **George Town Hospital** is the main medical facility for the Cayman Islands. It is a recently completely refurbished, clean, airy facility which provides a complete range of medical and surgical services with the exception of cardiac and intracranial surgery. Patients requiring these and other high intensity services are airlifted to US hospitals in Florida or Texas at government's or insurance carrier's expense.

The Chrissie **Tomlinson** Hospital is a modern, clean, airy, fully equipped private facility housing 18 Beds, four of which are maternity beds.

Note: All residents on the Caymans are required to carry health insurance. This also applies to the SMUCI community. At present, the government pays the entire cost for civil service employees, indigents and their families but this will change later this year to a bilateral contributory system. A scheme for co-payments will also be introduced to limit abuses and overuse. For the private sector, premiums are shared equally between employer and employee.

Library and Learning Resources

A very capable professional librarian supervises the **campus library**, which houses a limited number of books and journals. It provides access to most of the biomedical data bases and adjunct resources and subscribes to services which enable access to most of the journals students and faculty might require for study and in support of eventual research projects.

The library supports and is supported by informational technology in the form of a **virtual living/learning environment** which provides access to and between all students and faculty anywhere on campus and including the residence hall (vide infra). Included among its features and services are

- Facilities for video conferences - which may include communications between SMUCI and SMUM;
- Stored folders for every professor's lectures in power point format;
- Projectors and desktop machines in the classrooms;
- High speed Internet access on campus and the residence hall;
- Voice-over IP phone system; and
- A variety of on-line resources.

Research

The issue of research being conducted by SMUCI faculty and involving student participation is of utmost importance for the following reasons:

- To maintain and enhance the continuing effectiveness of the faculty to teach at the cutting edge of their discipline;
- For faculty to serve as role models for students;
- To enable students to observe, study and participate in the research process; and
- To enable students to learn critical assessment of the research process, results and publications.

None of these objectives is within reach at SMUCI at the present time. Perhaps a journal club might be a useful beginning to address issues related to review and analysis of published research in pursuit of some of these objectives.

Most of the faculty are not now and have not been engaged in active research endeavors for the past several years. Most of the faculty have authored no publications in peer-reviewed journals for years past. No extramural funds for research are currently targeted for SMUCI, which has allocated small amounts in support of some projected research activities on the island. These are intended to involve some faculty and students in studies involving the local biota and presumptive genetic peculiarities among the indigenous population.

At the site visit, the Dean for Research was unable to answer a question as to the existence of a budgetary line item for research. When a "Research" page from the itemized budget was eventually produced, it indicated that approximately \$600,000 were being devoted to this topic. Of this amount, \$250,000 was identified as supporting the off-site project indicated above, the proposal for which had not yet been submitted.. These funds will not be provided to SMUCI but to the institution at which that project is actually being conducted. Almost all the remaining funds identified within the research category are targeted for supporting activities – half of two faculty members' salaries and ten percent of other faculty members' salaries, housing, vehicles, transportation, utilities, mail, etc., and seem to relate to ongoing supporting services and overhead at SMUCI. The school allocates a maximum of \$2,500 per faculty member making a presentation, a total of \$3,000 seed money for student projects, and \$850 in "prize money" for a student competition. No extramural funds in support of research have been received at SMUCI at this time.

SMUCI has made available some small amounts to support research on the island by a few students with prior research experience and under faculty supervision. Some equipment and glassware destined for these projects had apparently arrived just before the site visit. These projects should get under weigh in the near future.

The site visiting team was informed of several ideas for research to be conducted eventually on site by faculty with student involvement but these are not yet in being. Moreover, no facilities dedicated to the conduct of research activities were identified.

SMUSOM has established a (U.S.-IRS code) section 501(c)(3) foundation to eventually receive tax- favored extramural contributions in support of research and other qualified activities.

It may be presumed that interesting topics for research will eventually be identified and pursued by faculty and students. Such efforts are still destined for the future.

Relations with Local Government

In company with members of the SMUSOM Board of Directors and Administrators, the site visitors met in his office with the Hon. Roy Bodden, Minister for Education, Human Resources and Culture. Government clearly views the arrival and continuing presence of SMUSOM as a major and most welcome addition to the Caymans' economy. The Minister insisted that due diligence had been conducted prior to granting permission for SMUSOM's relocation there. This is said to have involved background checks on each of the Directors in terms of their financial history and police records.

The Minister maintained that SMUSOM's aims, objectives, curriculum plans and involvement with local institutions and the medical profession met with approval after having been subjected to careful scrutiny. With an advanced degree in education, the Minister reviewed and applauds SMUSOM's educational direction and activities. He declared himself pleased that SMUSOM offers one full scholarship annually for a Caymanian citizen.

The Minister stated that incoming students must apply for a visa to be renewed biennially. The initial application must be accompanied by a letter from the police authority at the student's current residence and speaking to any problems with the law. Inquiries are said also to involve communications with the FBI and Interpol, as appropriate. It is not clear whether convictions for felonies or misdemeanors would preclude

admission to the island. It may be that background checks only cover a student's residence over the past 5 years, if that. *An inquiry along these lines was directed to the Minister by e-mail but no reply has as yet been forthcoming*

SMUSOM graduates are eligible for licensure (registration) to practice in the Caymans provided they can find a sponsor and obtain a visa/work permit (a fairly complicated process). The government imposes strict controls on this privilege, including on the mix of medical specialties intended to meet the defined needs of the population.

A private, mostly social meeting between one site visitor (Dr. Simon) and the Honorable Gilbert McLean, Minister for Health Services, Agriculture, Aviation and Works and the Chief Health Officer, Dr. K. Kumar, resulted in essentially the same welcome, laudatory comments and appraisals. On direct questioning, the latter indicated some interest in personal involvement in SMUSOM's ongoing activities.

Part 2. Branch Campus in Windham, Maine

This portion of the report will concentrate on matters chiefly pertaining to the SMUM branch campus unless otherwise indicated. It will address the following:

- Rationale for seeking a Branch Campus and its Selection
- Advantages of the MD/MHSA Program to SMUSOM and SJCOM
- Interrelationships between the two Degree Programs
- Curriculum at SMUM
- Selection of Students for the SMUM Program
- Evaluation of Student's Progress
- Support for Students at SMUM
- Physical Facilities
- Advantages/Disadvantages of the SMUM Program
- Faculty
- Research
- Academic Interactions between Grand Cayman and SMUM
- Summary and Conclusions
- Acknowledgment

The following is based on interviews with faculty, students and administrators of SMUM, inspection of selected physical facilities, and literature provided to the team by SMUSOM and SMUM.

Rationale for Seeking a Branch Campus and Its Selection

According to the information provided, SMUSOM determined that a satellite campus on the U.S. mainland and offering a Master's Degree in matters relating to medical economics and administration would enhance SMUSOM's image and serve as an effective marketing device for attracting students in a competitive environment. Accordingly, SMUSOM administrators sought a connection with an institution offering an instructional program which would serve medical students' needs and interests toward both conducting an efficient medical practice and possibly offering additional or alternate career opportunities.

Through prior personal contacts between representatives of SMUSOM and St. Joseph's College of Maine "(SJCOM)", an ongoing on-site and distance-learning program leading to a Master's Degree in Health Science Administration (MHSA) was identified at SJCOM in Windham ME, and deemed suitable for the stated purposes. Negotiations between the two institutions led to formal agreements and the first SMUSOM students were concurrently enrolled in the SJCOM MHSA program in the Year 2000.

Advantages of the MD/MHSA Program for SMUSOM and SJCOM

The advantages for SMUSOM are the uniqueness of this offering among offshore medical schools catering primarily to U.S. students, i.e., as a marketing device; a location on the U.S. mainland for U.S. and other students enrolled in an offshore medical school; and for some SMUSOM students to interact - albeit on a limited basis - with students pursuing other fields of endeavor.

The principal benefit for SJCOM seems to be the income from tuition paid by the SMUSOM students - amounting to \$250/ credit unit for a total of \$11,250/student for the entire course of study. Additionally, students from other disciplines pursuing the MHSA program seem to benefit from their occasional interactions with SMUSOM students.

Interrelationships Between the Two Degree Programs

SMUSOM students enrolled in the MHSA program are enrolled separately in SJCOM and pay tuition and fees separately to the two institutions. The application/admissions processes for the two programs are also completely separate.

The MHSA program consists of 15 courses at 3 units/course, for a total of 45 units. The tuition amounts to \$250/unit for a total of \$11,250 for the complete program. SMUSOM students enrolled in the MHSA program are required to have completed at least one semester's course work (2 courses = 6 units) on the Grand Cayman campus, but exceptions can and have been made (to this and most other "requirements").

Students may be selected for the MHSA program at any time before the beginning of the 3rd semester. They 'must' take 2 MHSA courses in each semester on Grand Cayman. SJCOM has stationed two faculty members there for this purpose. They are not directly affiliated with SMUSOM.

At SMUM, students take 2 MHSA courses/semester in each of the 4th and 5th semesters. For the SMUM students, these courses are taught in the evening on the SJCOM campus by SJCOM faculty. Except for those students pursuing the 5th semester in the summer, the SMUM students do not interact with SJCOM students. In the summer, SMUM students' classes are shared with MHSA graduate students from elsewhere. They may also live in the dormitories on the SJCOM campus.

SJCOM faculty teaching SMUM students receive stipends from SMUSOM.

The remaining units/courses to complete the requirements for the MHSA are taken in the "distance learning" mode utilized by SJCOM for the past 2 decades. Typically, students are required to take at least one course/semester in the "distance learning" mode but this requirement may be and is often modified for the SMUM students because of the time commitments required by clinical clerkships and residencies. SJCOM has approximately 950 students on campus. It also has 2,500 undergraduate students and 2,000 graduate students, all engaged in distance learning. 34 SMUSOM students have graduated with a degree from SJCOM since 1998.

Students enrolled in the joint degree program have declared career interests in hospital administration, managing their own practices, and even forsaking a medical career entirely in favor of full time involvement in some non-medical career.

At present, some 55 students are enrolled at SMUM in the joint degree program.

Curriculum at SMUM

The SMUM academic program addresses the 4th and 5th semester courses in the SMUSOM medical curriculum. Whereas the course titles at

SMUM are identical with those on Grand Cayman, there is limited interaction as between the 2 faculties and essentially no effort made to standardize or coordinate course or examination content between the 2 locations.

Course content and presentation sequence are apparently determined on the basis of chapters in text books, audio-visual and other materials obtained from various sources, and the faculty's personal files.

The basic science courses include pharmacology, clinical therapeutics, pathology, microbiology and a mini exposure to clinical laboratory medicine. In clinical therapeutics a microbiology laboratory experience is said to be just getting under weigh and will cover bacterial cultures and susceptibilities to antimicrobials, and a computer modeled epidemic.

The preclinical courses include Patient Care I and II (essentially ICM- History and Physical Examination); Clinical Skills - specific diagnostic examinations and procedures; Current Topics in Medicine - attendance at medical grand rounds at the Maine Medical Center ("MMC") followed by a lecture on a specific clinical problem.

ICM and CS courses see students interviewing and practicing selected clinical techniques on plastic models and on each other. A limited exposure to simulated patients is being introduced. They also interview patients at Mercy Hospitals and in the clinics and doctors' offices.

Selection of Students for SMUM

Students volunteer for this experience. They are selected on the basis of a personal interview on Grand Cayman and satisfactory performance in their course work. Students may enter into the joint degree program at any time before the 3rd semester but 'must' take at least two courses toward the MHSA degree before coming to Maine. This requires enrollment in the MHSA program not later than the 3rd semester. On occasion, students have been permitted to transfer directly into the 4th semester in Maine from another offshore medical school, but this is said not to be possible anymore.

As an aside, students have been and are permitted to transfer directly into the 4th year at SMUSOM from another offshore medical school by special permission from the Clinical Dean (a practice generally not permitted under LCME rules and specifically not permitted under California Business and Professions Code Section 2089(a)).

In general SMUSOM students tend to be older than the usual run of medical students. They have often pursued other activities, especially paramedical careers, prior to commencing medical studies.

Evaluation of Students' Progress

At SMUM each student's progress is monitored closely. In the 15 week courses, if a student seems to be in academic trouble by week 7 or 8 s/he may self-refer or be referred for counseling. Attempts are made to determine the cause(s) and remediation is proposed. Students may also opt to discontinue the course, receive a W letter on their transcript and resume at the next opportunity.

The usual causes for problems showing up in marginal or poor academic performance involve medical, family, psychological or financial matters and assistance is aimed at diagnosis and remediation, if possible.

If still or newly in trouble at week 12, the student is advised to withdraw and repeat at a later date. S/he will be advised that continuing on is at his/her own risk and might well result in a failing grade. A student may repeat a course once but will be dismissed after 2 failures in the same course.

With a course value of 4 units apiece, any combination of W and F grades amounting to 24 units will result in dismissal by SMUSOM. Moreover, since MSHA enrollment presupposes enrollment at SMUSOM, discontinuation also means the end of enrollment at SJCOM.

The faculty estimates that +/- 80% pass USMLE on first 2 tries. They may be permitted to begin a clerkship in the US without having passed Step 1 but must have documented passage by 90 days or discontinue. They may continue without having passed in UK hospitals.

Support for Students at SMUM:

A) Medical: Students requiring medical attention are seen at student health at SJCOM and by local physicians, and hospitalized at MMC, if required.

B) Mental Health: Students may refer themselves or be referred for counseling to the Dean of students who may act as counselor and/or refer to mental health professionals at SJCOM.

C) Financial Aid: Students may be eligible for one or more established bank loan programs up to the full costs of tuition, fees, and living

expenses (\$190,000) with repayment deferred until after residency training.

It should be noted that the director of student affairs does not have access to the student information compiled by the dean in Grand Cayman.

Physical Facilities (Classrooms, Hospitals, Clinics, Offices, Libraries, Laboratories)

SMUSOM owns a 6,300-sq. ft. brick and wood 2-story building just off the highway and 3.5 miles distant from the SJCOM campus along a winding, lakeside road. This building houses 2 classrooms utilized for the clinical skills (CS) course, an extremely small library with computer-based access to the major data bases, and faculty offices. Some 3,000 sq. ft. are lent to SJCOM until Fall 2004 to house support facilities for the “distance learning” program.

SMUSOM also leases a tripartite, one-story wooden bungalow behind the above-mentioned building which houses 2 essentially bare classrooms and administrative offices.

SMUSOM utilizes facilities in Portland ME, (approximately 30-45 minutes by automobile from the Windham facility) at the Maine Medical Center (MMC), Mercy Hospital, and the Foundation for Blood Research, and clinics and physicians’ offices scattered throughout the area.

At the MMC, SMUM students have access to classrooms, auditoria, and a large, fully equipped library. MMC is an affiliate of the University of Vermont School of Medicine and medical students from that college, from Dartmouth, Harvard, Tufts and elsewhere rotate through the MMC. There seems to be little interaction between the SMUM students and the others in the 4th semester, although there is expected to be more in the 5th semester.

Clinical clerkships are not available for SMUSOM students in Maine, apparently at the behest of the University of Vermont.

At Mercy Hospital, students shadow Physician Assistants (PA) and their physician supervisors from admission to discharge as part of their Introduction to Clinical Medicine (ICM) and CS courses. They experience their first exposure to sick and injured patients in this setting.

At the Foundation for Blood Research, a freestanding, grant-supported research organization, students spend up to 8 hours in their only laboratory experience while in Maine. In a well- equipped research

laboratory, this experience consists of exposure to a few, selected laboratory techniques - e.g., ELISA, PCR, and DNA gel electrophoresis - related to a specific clinical problem.

In the offices and clinics, students shadow mainly primary care physicians as part of their ICM and CS courses.

At SJCOM, students have access to a large library, good dining facilities, and medical and mental health services.

The teaching faculty are compensated on an hourly basis by SMUSOM.

Advantages/Disadvantages of the SMUM Program

Advantages:

- Education and training to cope with administrative, legal and financial aspects of a medical practice, hospital administration, or other careers relating to the medical/health care arena.
- Education and training for a career in medical administration as an option for a second or alternate career.
- Location on the U.S. mainland.
- Varied selection of settings for ICM and CS courses, including a major teaching hospital (MMC) with superb library facilities.
- Some interactions with students from U.S. medical schools.
- SJCOM's storybook location in a bucolic lakeshore setting.

Disadvantages:

- Remote location of the SMUM base in Windham ME.
- Travel time in excess of 30 minutes each way between the Windham campus and the clinical facilities in Portland.
- Dearth of interactions with the majority of SMUSOM students, other medical students, students at SJCOM, and with more than a very limited number of faculty, especially in the basic sciences.
- Essentially no opportunity to observe - let alone participate in research - medical or other.
- Limited base/sources of information available concerning potential clinical sites and also previous experiences of SMUSOM or other medical students at potential clinical clerkship sites in the U.S. and UK.

SMUM Faculty

Basic science courses at SMUM are taught in classrooms mostly by retired clinicians and/or those from academic positions elsewhere with backgrounds and interests in particular fields of instruction.

The basic science faculty presented to the site visitors included representatives from pharmacology, therapeutics, pathology and microbiology. They were enthusiastic both about the students and the opportunities to teach. For teaching they utilize lectures often in power-point format from notes and summaries of literature sources. Standard databases are available both through the libraries and through personal computers.

ICM and CS are taught in part by retired medical practitioners and in part by actively practicing physicians, nurses and paramedical personnel in classrooms, clinics and offices, and in diverse hospital settings, including attending at grand rounds at MMC. The faculty presented to the site visitors were enthusiastic - even passionate - about teaching their topics.

There is little evidence of activities at SMUM aimed at keeping faculty current in the fields in which they are teaching, or in other facets of faculty development.

Research

There is none to speak of at SMUM.

Academic Interactions Between Grand Cayman and Maine Campuses

Course content, format, suggested modifications, and evaluation of student performance are discussed periodically by telephone and occasionally via videoconferences between the faculties and administrators at Grand Cayman and Windham. There is no plan to standardize or directly coordinate course content, format, sequence of presentations, or examination content.

The content and format of interim examinations are developed locally. There is a plan to use the USMLE SHELF examinations of PART 1 in the near future both for practice and as final course examinations on both campuses.

At present, there is very little formal feedback from more advanced students or clinical clerkship directors about the adequacy of the SMUM students' preparation for the clerkships.

Interactions Between SMUM and SMUSOM on Grand Cayman

Academics: Beyond general agreement on curriculum content, academic interactions between the two sites are sporadic and few - mostly via telephone, videoconference, and e-mail. Faculty members meet to discuss topics of mutual interest and concern at the time of graduation. Few of the faculty at either campus have ever visited the other. Even at SMUM, it seems as though few of the (small) faculty have met each other.

Administrative: Policies and procedures for admission, curriculum content, evaluation of student performance, grading, student discipline, acquisition, promotion or termination of faculty, and all other policy matters are determined by the central administration at SMUSOM on Grand Cayman and at the Florida Office. Interpretation of these determinations and actual implementation are carried out at SMUM.

Summary and Conclusions: SMUM

For this section of the overall review of SMUSOM the site visiting team finds as follows:

Advantages of the SMUM program:

- Joint MD/MHSA degree program - innovative and appropriate
- Enthusiastic faculty apparently closely student-oriented and supportive
- Access to a superb medical center (MMC) and other appropriate clinical sites
- Excellent library facilities at MMC and SJCOM and some resources at SMUM with computer-based access to all major medical and basic science data bases
- Location on U.S. mainland

Limitations:

- Students not able to participate in nor observe any ongoing research activities
- Basic science faculty primarily composed of retired clinicians
- No wet laboratory components to the basic science courses
- Minimal, almost insignificant exposure to hands-on clinical laboratory techniques

- Almost no interactions with other medical students beyond their own cohort nor with SJCOM students and only occasionally with other MHSA students
- Essentially no feedback from former SMUM students nor from clerkship preceptors

Throughout, the physicians and others whom the team met made laudatory and complimentary comments about the SMUM students and about their interactions with the faculty and administrators of SMUM. Further, the physicians, PAs and librarians appear uniformly enthusiastic about their interactions with the students and with their own opportunities in the teaching roles - whether elderly, old and retired, or young in active practice. (The team was informed that the interviewees were specifically selected to meet with the team and represent the best examples of their kind - quite believable and to be expected.).

ACKNOWLEDGMENT: The site visiting team received a cordial reception from administrators, faculty, staff and students at SMUM, and from SJCOM administrators. On arrival, we were provided with a voluminous set of documents concerning SMUSOM, SMUM, and SJCOM. The schedule and agenda for the site visit were clear and appropriately comprehensive considering the limited time available. The team offer their thanks especially to Dr. James Pringle, Associate Dean of Basic Sciences SMUM, Dr. Jerry Thornton, Vice President and Chief Operating Officer SMUSOM, and Mr. Paul Adams, Director of Clinical Site Development, for the time and effort on this project.

Part 3. Site Visits to Chicago Area Hospitals Which Offer Clinical Clerkships to SMUSOM Students

Introduction

Three members of the Saba team (Ms. Hadnot, Ms. Scuri and Dr. Pops) proceeded to Chicago, Illinois on May 23 and spent half-day visits May 24-25 at each of four hospitals which have contracted for clinical clerkships both required and elective for SMUSOM students. Brief descriptions and evaluations are provided for these hospitals.

Provena St. Joseph Hospital – Elgin, Illinois

Located approximately 50 miles west of Chicago in the town of Elgin, this hospital began offering clerkships to Caribbean medical school students four years ago. Currently, students attend from SMUSOM, St. Eustatia, Spartan Health Sciences, and Loyola. There are 16 slots in various specialties in 12 week blocks in the primary care

specialties The students we met with were all (3) SMUSOM students. The hospital does not have any ACGME-accredited residency programs.

Supervision of the academic programs is provided by a semi-retired cardiovascular surgeon, Dr. Cavallo, who meets regularly with the students for didactic exercises. The written affiliation agreement was with Dr. Cavallo and not with the hospital. Case presentations and formulation are evaluated by Dr. Cavallo and physicians serving as preceptors. The only residents are those who rotate on the gynecology service from Loyola University. The Loyola students only began rotations at this hospital in January 2004. Dr. Cavallo indicated that the SMUSOM students were not as motivated nor as good as those from a different Caribbean medical school and that SMUSOM students need a stronger physical diagnosis/ICM course.

We interviewed preceptors in Family Medicine, Obstetrics and Gynecology, Psychiatry and Pediatrics. The majority of each student's time is spent accompanying individual preceptors on activities in their private practice both in the office and hospital rounds. The most popular and seemingly best-organized rotation is the 6 week psychiatry clerkship which takes advantage of a 30 bed in-patient ward plus a hospital out-patient day program. The teaching is well organized and the students see a wide variety of cases.

The other services appeared less well organized and seem to offer instruction mostly "on the fly" as a student spends his or her day tagging along with a preceptor. One of the students on a gastroenterology elective told us that the only activity he had participated in during his clerkship was observing various G.I. endoscopic procedures. We spoke with three SMUSOM students who praised their experience. They, however had not been able to pass the USMLE Step I. Their overall fund of clinical knowledge was questionable. The team's overall impression was that the program was not an integrated whole, but rather was very fragmented and the quality of instruction was very uneven. The team also noted that there was no mechanism by which the hospital could obtain feedback from SMUSOM as to how the students perform on USMLE or in residency training. The team concluded that, except for the psychiatry clerkship, SMUSOM should consider dropping this hospital as a training site since it does not otherwise provide appropriate well-organized instruction for students in clerkships.

The constraints are a mostly middle class insured patient population which provides limited opportunities for "hands on" experiences for students. It was the least impressive teaching hospital of the four visited.

St. Anthony's, Michael Reese and Jackson Park

These three hospitals are within the city limits of Chicago. All offer various clerkships for SMUSOM as well as other Caribbean Island schools. The team conducted interviews with faculty preceptors, department chairs and SMUSOM students. They can be described as a group because of a large number of similarities.

St. Anthony's is not a major affiliate teaching hospital but is accredited for obstetrics and gynecology. It has 8 residencies in internal medicine and 5 in obstetrics and gynecology. The team interviewed one student from SMUSOM and 4 students from Saba.

Michael Reese is a major affiliate teaching hospital for the University of Illinois/Chicago School of Medicine. Students come from three Caribbean schools and second year students and residents come from the University of Illinois. Starting in Fall of 2003, all students are required to have passed Step 1 of the USMLE before starting any core rotation. SMUSOM has had a written contract of affiliation with Michael Reese since January 1, 2002. The team interviewed 3 students from SMUSOM and 2 students from Saba.

Jackson Park has an ACGME-accredited family practice residency. This hospital has a large contingent of students: 10 students each from Saba and SMUSOM, 48 students from Ross, 2 to 5 students from University of Chicago medical school, and 5 to 8 students from Grace University. The hospital has been teaching Caribbean students since 1988. It has 15 residents. All students are required to have passed Step 1 of the USMLE before starting any core rotation. All 6 students interviewed at Jackson Park were from SMUSOM. Most were completing all their core rotations at this hospital.

The leadership and the various course chairs at the three Chicago hospitals were generally full time hospital based physicians, mostly in primary care specialties. Both required clerkships and elective are offered in a variety of medical subspecialties such as cardiology and gastroenterology.

An adequate balance of didactic learning via seminars and conferences and practical clinical experiences with students responsible for in-patient and out-patient work-ups presentations, formulations and follow-ups constitutes the curriculum at each hospital. SMUSOM students at these hospitals mix with some students from two Chicago area U.S. schools, Chicago Medical and U. of Illinois. Exams are conducted by the school on a regular basis and rely on "shelf" exams at the USMLE. Evaluations as well as the exams are sent to SMUSOM.

Admittedly, the survey team was only able to get a "snapshot" look at SMUSOM's clinical programs. However, it was evident from the team's conversations with staff and students that SMUSOM has no coordinated method of counseling students regarding their clinical rotations and has no real criteria for choosing rotations but rather tries to accommodate individual students' requests. SMUSOM allows students to complete electives before finishing their core rotations.

Summary

On review of the available documentation and in the course of the site visit to SMUCI the team identified both positive and problematic aspects of the SMUCI program, as follows:

Positive Aspects--SMUCI:

- A clearly articulated and apparently effective *recruitment and admissions process*.
- A comprehensive *financial aid program*.
- The *students' very favorable comments about the school and the educational program*. This was particularly true of transfer students from other Caribbean schools.
- Instruction in the *basic sciences* incorporating continuing availability of lectures on laptops, and teaching aids.
- An enthusiastic *and accessible faculty* - much appreciated by the students.
- The highly capable, innovative and enthusiastically engaged *Chair of Preclinical Studies, Dr. Gordon Green*.
- The *librarian overseeing the library* with ready electronic access to many journals and data bases and an innovative approach to library resources.
- The *physical plant* - with wireless access throughout, electronic communication facilities between students and faculty and among students, video conferencing capabilities, universal internet access, well-equipped classrooms and some laboratories.
- The modern, clean and well-appointed *Residence Hall* - and attendant facilities.
- The complete range of *student support and development facilities and services*.
- The budding *learning enhancement program*.
- The two modern and very well equipped *hospitals* on Grand Cayman - ideal sites for the Introduction to Clinical Medicine and Patient Care courses.
- Satisfactory and mutually supportive *relations and interactions with local government*.

Problem Areas Affecting Entire Program:

- SMUSOM is still in its infancy - *just two years at the present location* and essentially completely newly re-organized and administered as compared with its prior location and staff.
- *Only 2 of 263 graduates are known to have completed residency training. The current situation of 36 graduates is “unknown.”*
- An apparently high attrition rate with 19% of the first year class in academic difficulties may reflect an *insufficiently critical discriminatory admissions policy and practices*.
- Most of the *faculty have been on site for less than two years with several there for but a few weeks or months prior to the site visit*.
- An *evolving, still unproven preclinical curriculum* in consequence of the above.
- Limited *communication with the basic science program in Maine* as regards course content, modifications, and examinations, and the lack of formal processes for such communications.
- *Inconsistent and seemingly sketchy review and evaluation of core clinical sites in 11 States, the District of Columbia, and overseas; i.e., several clerkships at a particular site reviewed in one day and by faculty from clinical disciplines other than those being evaluated*.
- Selection and utilization of some *core clerkship sites that do not require passage of USMLE Part 1 prior to commencing a clerkship*. (A large number of students have not taken and others do not plan to take the USMLE).
- Methods of selection of *sites for clinical electives on an ad hoc basis* - e.g., in accord with a student's particular wish or personal recommendation without consistent instructional content and oversight by SMUSOM. The team strongly recommends that SMUSOM reform and strengthen both its policies and its practices regarding clinical clerkship site selection, monitoring, inspections, and periodic reviews of sites.
- This *somewhat haphazard selection of sites for clinical electives has led to the inclusion of some non-teaching hospitals for electives*.
- *Clerkship site selection is a student's responsibility on the basis of very limited information* - no organized system of feedback to 5th semester students from upper class students or graduates and no organized system of feedback to the school.
- No organized *system of feedback from graduates about perceived effectiveness or adequacy* of their medical education. Again, this is an area where SMUSOM would benefit from modifying and strengthening its policies and its practices to obtain more information from graduates and clinical clerks about the adequacy of their preparation, and experiences and to formalize a process whereby that information will be used to counsel students regarding their selection of clinical sites.

- *Tracking of graduates is grossly deficient* - a problem area in a new institution desiring recognition for the quality of its programs.
- The essentially complete *absence of research* activities both for continuing growth in their disciplines by faculty and lack of student participation in such endeavors.

CONCLUSION AND RECOMMENDATION

SMUSOM is apparently off to a good start and gives promise of a potentially bright future. At present, it is still in early phases of development with a very limited track record and not ready for recognition by the Division. A repeat evaluation should be undertaken after remediation of the problem areas and more evidence of satisfactory performance is available.

Based upon its assessment of the quality of the institution as a whole and the quality of the institution's educational program, the survey team is unanimous in recommending, that the State of California, Medical Board of California, Division of Licensing at this time deny recognition of St. Matthew's University School of Medicine as not providing a resident course of instruction leading to an M.D. degree that is equivalent to that required by Sections 2089 and 2089.5 of the Business and Professions Code together with Title 16, Cal. Code Regs. Sections 1314.1.

Addenda to Report on Site Visit **St. Matthew's University School of Medicine**

SMUSOM Veterinary Medicine School

At the time of the site visit to SMU Grand Cayman, the visitors were not informed of the apparently quite far advanced plans for the almost imminent opening of a veterinary medicine school/program on site. This information came to the team's attention in a round about way and only well after completion of the first draft of the team's report on its visit. The team then queried Dr. Thornton and received assurances that this development would not have any adverse impacts on the (human) medical program. Although not taken into account in the team's recommendations to the DOL at this time, it should nevertheless be clear that any future evaluation of SMUSOM by DOL will require address of potential impacts of the vet/med operation on the human medical operation, at least with regard to the administrative, logistical and academic dimensions.

Hurricane Damage

After the site visit in June 2004, the SMU Grand Cayman campus and residence hall suffered damage from Hurricane Ivan in September 2004 and is currently operating from its Windham, Maine campus. Prior to any future request for recognition, information should be provided about the consequences of the devastation wrought by Hurricane Ivan and congeners on Grand Cayman and SMUSOM after the site visit, the remedial steps taken and the then current operational situation.